

ARTICLE INFORMATION

Received: March, 18, 2026

Revised: May, 8, 2026

Available online: May, 8, 2026

at : <https://e-jurnal.iphorr.com/index.php/minh>

Perceptions of holistic hypertension care among female community health workers and elderly women in rural Java, Indonesia

Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana

Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

Abstract

Background: Hypertension management in rural Java currently focuses more on physical treatment and traditional herbal remedies, whereas a holistic care approach that integrates physical, psychological, social, cultural, and spiritual aspects is needed to be more effective, relevant, and sustainable. The lack of understanding of holistic care among cadres and older women has led to limited community involvement, so it is necessary to describe their perceptions to develop practical hypertension management appropriate to rural communities' needs.

Purpose: To describe the perception of holistic care in hypertension management among female community health workers (locally known as cadres) and older women in rural Java.

Method: The research was conducted during integrated health development post activities and through home visits from July 2025 to February 2026 in a village in Semarang Regency, Central Java. The instruments used were Focus Group Discussion guidelines, semi-structured interview lists, and observation sheets. There were 22 Respondents, including 11 cadres and 11 older women, who met the inclusion criteria: being older adults cadres or older women with hypertension aged >60 years, being Javanese, and having a history of hypertension for >1 year. The exclusion criteria were elderly individuals with disabilities, bedridden individuals, and individuals unable to communicate. Data validity was ensured through triangulation of sources with community health Center nurses, midwives, and village heads.

Results: The study revealed four themes: knowledge of the older women and cadres, health practices, dissemination of health information, and the roles of village midwives, elderly cadres, and families.

Conclusion: This study found a limited understanding of holistic care among cadres and rural older women who still focus on the physical complaints of hypertension. Comprehensive education through midwives, cadres, families, and nurses is needed for optimal holistic management.

Keywords: Cadres; Holistic; Hypertension; Older Women; Rural Java.

INTRODUCTION

Hypertension is a major health problem worldwide, with its prevalence continuing to increase every year globally and nationally in Indonesia. 1.28 billion adults aged 30-79 years worldwide have hypertension, with the majority coming from low- to middle-income countries, and nearly 46% of them are unaware of their condition (World Health Organization, 2021). According to the 2018 Basic Health Research, the prevalence of hypertension among adults in Indonesia

was 34.1%. The rate of hypertension in Central Java was recorded at 37.57%, with women higher at 40.17% compared to men at 34.83% (Central Java Provincial Health Office, 2021). Based on a summary of non-communicable disease (NCD) cases in Central Java Province, hypertension ranks highest at 72.0% (Central Java Provincial Health Office, 2023). Hypertension also occurs in rural areas, such as in Ngrawan Village, Semarang Regency, where 17

women and five men suffer from the disease (Rayanti, Werfete, Sasi, & Raswandaru, 2025). The high prevalence of hypertension indicates the need for more effective treatment efforts.

The management of hypertension requires a holistic or comprehensive approach. A comprehensive approach is necessary because hypertension has the potential to cause physical, psychological, social, spiritual, and cultural problems. Physically, hypertension has the potential to cause serious complications, including heart disease, stroke, kidney failure, visual impairment, and risk of death (Ruswati, 2024). Psychologically, hypertension can trigger disorders such as sadness, depression, anxiety, loneliness, and irritability (Yuniartika & Murti, 2020). Socially, hypertension can cause isolation and reduced interaction, which then exacerbates stress and worsens hypertension (Hia, Patras, Adu, Diannita, & Sihalo, 2024). Spiritually, hypertension can reduce a person's motivation and ability to perform spiritual activities due to the deterioration of their physical and mental condition (Pakpahan, Rahardjo, Kridawati, & Handajani, 2024). Culturally, hypertension can change a person's participation in cultural activities, such as decreased involvement due to declining physical condition, which can ultimately affect their quality of life and social interactions. Therefore, a holistic care approach is needed for hypertensive patients, supported by health cadres in villages to monitor, educate, and support older women, as hypertension management is more effective.

A holistic care approach is needed so that the effects of hypertension can be controlled and the risk of complications minimised, but to maximise the holistic care approach, contextual hypertension management education is needed. The approach to older women with hypertension in Jawa Village uses oral traditions passed down from mouth to mouth or *gethok tular* (Rayanti et al., 2025). This approach is used to understand perceptions of the concept of healthy living in order to determine appropriate and effective health management education (Damayanti, Nugraha, & Azyki, 2023). Health cadres in the village play an important role in assisting the elderly, providing education, and helping to implement holistic care on a regular basis (Nursanti, 2025). This study uses the Precede-Proceed concept, as this concept is

a framework that has been proven effective in improving the physical, mental, and spiritual conditions of hypertensive patients (Ghannadi, Mohammadkhah, Harsini, Ghasemi, Kamyab, & Jeihooni, 2024). The Precede stage consists of social assessment, epidemiological assessment and health problem analysis, behavioural and environmental factor assessment, predisposition, reinforcer, and support assessment, as well as administrative and policy assessment, while the Proceed stage consists of implementation, process evaluation, impact evaluation, and outcome evaluation (Fetherman & Cebrick-Grossman, 2023). The study uses the Precede stage, beginning with a social, behavioural, and environmental approach and analyzing existing health problems. After conducting the approach, it continues with the Proceed stage.

Research on hypertension management in the elderly has been conducted. First, research on education regarding clean and healthy living emphasizes the role of the family in supporting the health of hypertensive patients, but only focuses on physical and psychological aspects without a holistic approach (Alfian & Wulansari, 2023). Second, research examining the relationship between social determinants (education, income, occupation, race/ethnicity, access to health services, marital status, and birth status) and hypertension in adults in the United States has not included spiritual variables as a comparison (Commodore-Mensah, Turkson-Ocran, Foti, Cooper, & Himmelfarb, 2021). Third, this study shows that visual media such as leaflets and PowerPoint presentations increase older women's knowledge about hypertension prevention, but the materials are not yet fully adapted to culture, spirituality, or individual preferences (Nurapandi, Rahman, Miranda, Firdaus, Yulianasari, & Marliany, 2025). Finally, research using varied multimedia educational media to improve understanding still requires long-term development and a holistic approach (Bijani, Tehranineshat, Ahrari, & Beygi, 2020).

The study comprehensively developed hypertension management in rural older women using a holistic care approach, covering physical, psychological, social, spiritual, and local values aspects. This approach also emphasized the importance of family and health worker involvement in

Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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supporting health management implementation. Health cadres in villages play an important role in assisting the elderly, providing education, and facilitating the routine implementation of hypertension management (Muthoharoh, & Yunistyaningrum, 2023). This approach is interactive and contextual, making health management more personalized, targeted, and sustainable.

The purpose of this study is to explain the perception of holistic care in hypertension management among rural Javanese women cadres and older women. This research also serves as the basis for the development of practical, easy-to-implement hypertension management for the elderly that is in line with the socio-cultural values of rural Java. This approach takes into account local wisdom so that the elderly can manage their lifestyle, disease prevention, and chronic conditions independently, while also assisting health workers in education and monitoring for more effective primary health care management.

RESEARCH METHOD

This study used a qualitative case study approach. The research was conducted in a village in Semarang Regency, Central Java. The study was conducted from July 2025 to February 2026. There were 22 research Respondents, including 11 elderly cadres and 11 older women, who met the inclusion criteria: elderly cadres and older women with hypertension aged >60 years, female, Javanese, and with a history of hypertension for >1 year. The exclusion criteria were older women with disabilities, bedridden, and unable to communicate. Cadres were selected as Respondents because even though they were active in health services, the rate of hypertension was still quite high. The purpose of choosing the case study method in this research was to explore and understand in depth a phenomenon, individual, group, or event that is unique in the context of real life, so that researchers can describe the characteristics, interactions, and processes that occur comprehensively and in detail (Assyakurrohim, Ikham, Sirodj, & Afgani, 2022).

Data validity was ensured through triangulation of sources from community health Center nurses, midwives, and village heads. Data were collected from various sources, namely community health

Center data on hypertension cases in one of the villages in Semarang Regency, in-depth interviews with Respondents, and participatory observation conducted during the research. Data collection used a Focus Group Discussion guide, semi-structured interview lists, and observation sheets. FGDs were conducted with cadres during routine cadre activities and during Integrated Health Development Post implementation. Home visits were conducted with older women to obtain more in-depth information through interviews. The FGD activities were carried out in an integrated manner with the cadres' monthly activities, so that their implementation was integrated with the existing routine agenda. Observations were made of cadres and older women during the integrated health development post. The collected data were then analyzed thematically to reveal the perceptions of Javanese older women regarding holistic care and hypertension management. The first step was to code the text line by line. The second step was to create descriptive themes, and the third step was to develop final analytical themes to develop interpretations, explanations, or new hypotheses.

This study was conducted in accordance with research ethics principles. Each participant was first given a clear explanation of the objectives, benefits, and procedures of the study. After understanding the explanation, Respondents signed an informed consent form to agree to participate in the research. The FGD was conducted after obtaining permission from the local midwife and was adjusted to the cadres' and integrated health development post activities' schedules. During home visits for interviews, older women were accompanied by family members to ensure their comfort and safety. This research has been declared ethically acceptable by the Satya Wacana Christian University Research Ethics Commission with No. 014/KOMISIETIK/EC/7/2025.

RESEARCH RESULTS

Hypertension management in rural communities in Java is carried out through a combination of formal health services and independent efforts. When experiencing complaints or increased blood pressure, most older women will seek treatment from village midwives or community health centers for checkups and treatment. In addition, older women routinely participate in integrated health development post

Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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activities once a month to monitor their blood pressure and health conditions. During their hypertension, some older women regularly take medication as recommended by health workers. In contrast, others use traditional remedies such as boiled avocado or soursop leaves, ginger tea, and cucumber or celery to help lower blood pressure.

The interaction between cadres and seniors at the integrated health development post was warm and friendly. Cadres usually arrived early to set up tables, chairs, scales, blood pressure monitors, and health monitoring books, then shared tasks such as recording data, weighing, and measuring blood pressure. When the seniors arrived, the cadres greeted them warmly, and the seniors greeted each other. When cadres convey health information, older women listen attentively and often ask questions when anything is unclear. While waiting for their turn to be examined, older women often chat casually. After the examination is complete, older women usually sit down to enjoy the drinks and snacks

provided while chatting with other older women and cadres, creating a comfortable and communal atmosphere at the integrated health development post.

integrated health development post is held every month in five hamlets divided into seven locations and is managed by village midwives together with 2-5 elderly cadres per location. Each older adult who attends receives a record sheet containing personal data and examination results, such as weight, blood pressure, blood sugar, uric acid, and cholesterol. Routine examinations include weight and blood pressure measurements, while blood sugar, uric acid, and cholesterol tests are conducted every 2 to 4 months. Older women with high blood pressure are also given education on healthy lifestyles and antihypertensive drugs according to their individual conditions, complete with explanations of dosages and usage rules by midwives. Finally, all examination results are then recorded by cadres in an elderly health monitoring book.

Table Characteristic of Participants (N=22)

Characteristics	Community Health Workers (n=11)	Older Women (n=11)
Age Range (Years)	28-53	60-92
Service Duration (Years)	5-20	-
Duration of Hypertension (Years)	-	5-25
Occupation (n/%)		
Housewife	10/90.9	-
Laundry Worker	1/9.1	-
Farmer	-	11/100

Table 1 shows the characteristics of the Respondents, consisting of 11 cadres and 11 older women. The cadres ranged in age from 28 to 53 years old and had been community health workers for between 5 and 20 years. Most of the cadres worked as housewives (10 people) and one person worked in the laundry service sector. Meanwhile, the elderly Respondents ranged in age from 60 to 92 years old and had suffered from hypertension for between 5 and 25 years. All the older women in this study worked as farmers.

Based on interviews with 22 Respondents, four themes were identified, namely the knowledge of the elderly and cadres, health practices, the dissemination of health information, and the roles of village midwives, community health workers, and families. Participant description (P)

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Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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Theme 1: Knowledge of older women and community health workers

Perceptions of health

Based on in-depth interviews, most Respondents defined health as a state in which the body experiences no physical symptoms. Health was perceived as not feeling dizzy, not experiencing pain, not feeling weak, and being able to perform daily activities such as working, managing household chores, and participating in social activities. Some Respondents stated that as long as they could still walk, eat well, and sleep soundly, they felt they were in good health.

"P1: *"Being healthy is when you are fine, not sick, not dizzy, and able to go to the fields...."*) (Grandma S, 65 years old, December 15, 2025).

"P2: *"Living alone like this, the important thing is to be healthy, still able to go to the fields to plant vegetables, and cook for myself, though just a little since I am only eating alone. Sometimes, if I am not too tired, I will visit my younger sibling's place; the important thing is not to feel dizzy...."*) (Grandma T, 75 years old, December 16, 2025).

"P3: *"When I have a lot on my mind, it affects my emotions. I already feel unwell, and that sometimes makes me even more dizzy...."*) (Community Health Worker D, 42 years old, July 22, 2025).

This understanding of health as a state in which the body experiences no physical complaints suggests that health is primarily understood in terms of the body's physical and functional aspects, also viewed as the ability to remain independent and not be a burden to one's family. Independence in performing activities such as bathing, dressing, and interacting with neighbours is a key indicator of health status. The understanding of the connection between the physical and psychological aspects has not yet been fully grasped. These findings indicate that perceptions of health still focus on physical aspects, while the psychological, social, spiritual, and cultural dimensions remain incompletely understood.

Perceptions of holistic care

Understanding of the terms holistic care and comprehensive self-care remains limited. The term holistic care is seen as new and unheard of. The meaning of comprehensive self-care is unclear because no explanation of the concept has ever been provided.

"P4: *"What is that? I do not understand. It has not been explained. I do not get it, I have never heard of it...."*) (Grandma T, 60 years old, July 22, 2025).

"P5: *"People here have never been explained that, what was it called, holistic care? Here, we usually talk about hypertension, so if asked about that, people do not understand because they are hearing it for the first time...."*) (Community Health Worker M, 38 years old, December 15, 2025).

This situation indicates that Community Health Workers and older women do not yet fully understand the concept of holistic health. They have not yet realized that health is not only related to physical condition but also encompasses psychological, social, spiritual, and cultural aspects.

Perceptions of hypertension

Hypertension is understood as a condition in which blood pressure is elevated. This condition is believed to cause various symptoms, such as headaches and increased emotional irritability. Hypertension is perceived as a disease characterized by symptoms that can be directly felt, particularly physical complaints and mood changes.

"P6: *"Yeah, with hypertension, your blood pressure is high, and there are many complaints, like dizziness and being easily emotional, that is just how it is...."*) (Community Health Worker N, 40 years old, December 15, 2025).

"P7: *"Hypertension is when your blood pressure is high, right? Usually, when blood pressure is high, your body feels uncomfortable, and you get tired easily. When that happens, I usually just rest, and after that, I feel better, so it's fine...."*) (Grandma L, 69 years old, December 16, 2025).

"P8: *"My blood pressure is sometimes in the 160s, but it's okay, ma'am; I don't feel dizzy or anything, so it just feels normal. I go to the fields like usual; if I get tired, I just rest...."*) (Grandma T, 68 years old, December 16, 2025).

This perception illustrates that assessments of hypertension still focus on subjective experiences and visible signs, rather than on the results of routine blood pressure checks or continuous monitoring.

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Causes of Hypertension

High blood pressure is believed to be influenced by various factors, such as fatigue, aging, and an unhealthy diet. Fatigue is known to raise blood pressure, especially during strenuous daily activities. Additionally, age is seen as a natural cause of high blood pressure.

"P9: *"Yes, sometimes it is fatigue, sometimes age, and sometimes I can not maintain a healthy diet..."*) (Community Health Worker M, 53 years old, July 22, 2025).

"P10: *"Here, the diet mostly consists of fried foods, coffee, and rarely plain water. Since it's cold, people mostly drink tea, coffee, and eat fried foods..."*) (Community Health Worker M, 39 years old, July 22, 2025).

"P4: *"Sometimes, you know, during events like Saparan or Rejeban, right, sis. When there's an event like that, you're constantly thinking about the needs, about buying all sorts of things, especially if there's no money. It*

really gives you a headache, you know. During the event, you're busy cooking, cleaning up, and receiving guests, so there's just not enough time to rest, and that's why you get so tired...") (Grandma T, 60 years old, December 16, 2025).

"P11: *"Sometimes people leave their grandchildren with me while their parents are at work. Honestly, it's tiring taking care of them, especially since the kids are so active, running all over the place and refusing to stay still. It*

really gives me a headache. But what can I do? There's no one else to watch them; I'd feel bad if I just left them...") (Grandma P, 65 years old, December 16, 2025).

Such physically and mentally draining activities are believed to cause blood pressure to rise. Thus, the daily state of fatigue and mental strain is perceived as a trigger for hypertension.

Theme 2: Health Practices

Prevention of hypertension

The hypertension prevention measures taken by Respondents generally focused on simple lifestyle changes. Most Respondents reported trying to maintain their physical condition by getting adequate rest and avoiding overly strenuous activities. Adequate rest is believed to help lower blood pressure and

prevent symptoms such as dizziness or a heavy feeling in the head.

"P12: *"The way to prevent it is, if you are already tired, don't push yourself; it is better to rest first and then continue later. Usually, when you're exhausted, you just sit down or take a nap, and then your body feels refreshed again, so you're not weak or dizzy..."*) (Community Health Worker M, 52 years old, December 15, 2025).

"P13: *"Well, once I found out my blood pressure was high, I started cutting back on fried foods and salty things like salted fish. But, you know, as a villager, food has to be salty; I just cut back when I feel dizzy..."*) (Grandma B, 70 years old, December 16, 2025)

"P14: *"Too much thinking just gives you a headache; once you have a headache, your blood pressure usually goes up too. That's why I don't think too much now; it's better to just take it easy..."*) (Grandma S, 92 years old, December 16, 2025).

These efforts to reduce mental stress and maintain emotional calm demonstrate that preventing hypertension involves a combination of maintaining a healthy diet, managing daily activities, and managing one's thoughts in everyday life.

Use of health services

People access health services by visiting a midwife during her home practice. If the treatment provided is not yet effective or the symptoms have not improved, they then seek care at the community health Center. When blood pressure, cholesterol, or blood sugar levels are too high, especially when symptoms are severe, older adults go directly to the community health Center to see a doctor and receive appropriate treatment.

"P15: *"If I am sick, I usually go to the midwife first; later, if the midwife's medicine doesn't work... well, if it hasn't taken effect yet, then I go to the Primary Health Care Center..."*) (Community Health Worker W, 36 years old, December 16).

"P7: *"If I happen to get sick, I usually get checked at the Getasan Community Health Center so I can see a doctor right away, and then I am given medicine..."*) (Grandma L, 69 years old, December 16, 2025). This use of health services indicates a pattern of seeking healthcare in stages, depending on symptom severity.

"P1: *"Yes, I go to Integrated Community Health Post regularly, usually once a month at the midwife's house.*

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It is announced at the mosque that there is a Integrated Community Health Post session today. It usually starts around eight or nine o'clock. There, older adults check health such as weighing, measuring blood pressure, and sometimes testing blood sugar, cholesterol, and uric acid. If my levels happen to be high and the midwife has the medication on hand, she gives me some..." (Grandma S, 65 years old, December 15, 2025).

Check-ups at the Integrated Community Health Post are used to monitor health status periodically, although most people come only after they've already experienced symptoms. The Integrated Community Health Post is viewed as an easily accessible service located close to where people live, making it the first choice for monitoring health.

Traditional medicine

Traditional medicine remains a part of the efforts made by older women to manage hypertension. In addition to medical treatment, Respondents sometimes choose to use plants readily available around the house. Decoctions of soursop and avocado leaves were the most frequently mentioned options for lowering blood pressure. These decoctions are usually consumed regularly when blood pressure is felt to be rising.

"P8: "When my blood pressure is high, I sometimes boil avocado leaves to drink once a day. It helps lower high blood pressure, and since there are plenty of avocados here, they're easy to find. If not avocado, then soursop, but I usually use soursop..." (Grandma T, 68 years old, December 16, 2025).

"P2: "We usually drink ginger tea here too. You know, when you're not feeling well or have a headache, it helps warm up your body. It also improves blood circulation, which can help lower high blood pressure. It tastes nice and sweet, and it's soothing on the throat and body..." (Community Health Worker P, 53 years old, December 16, 2025).

"P4: "If not, just eat cucumbers and celery. Usually, when I get my blood pressure checked, I know it is high and feel dizzy. When that happens, I sometimes buy cucumbers to cook in a clear vegetable soup. Some people also consume celery..." (Grandma T, 60 years old, July 22, 2025).

The use of these natural ingredients indicates that traditional medicine is still viewed as a safe and easy way to help control hypertension in daily life.

Theme 3: Dissemination of Health Information Sources of information

Midwives generally provide health information received by the community through health education sessions held during village meetings or during health service activities such as Integrated Community Health Post. Information is conveyed in person so community members can listen, understand, and ask questions about anything unclear

"P1: "Usually, it is the midwife who provides the health education during Integrated Community Health Post sessions. Usually, after checking blood pressure or blood sugar, midwife tells us to cut back on salt..." (Grandma S, 65 years old, December 15, 2025).

"P3: "There are also students from outside the village who provide health education. They are usually young women or students doing their Community Service Program here..." (Community Health Worker D, 42 years old, July 22, 2025).

During field practice activities, students usually provide health education in accordance with the planned program and in coordination with local health workers. The presence of midwives and students indicates that health information in the village largely comes from professionals and educational institutions directly involved in community service and empowerment activities.

Communication techniques

The communication techniques used to convey health information are carried out directly through face-to-face interaction or word of mouth.

"P1: "Yes, directly through word of mouth. When it is direct, for example, if I say it like this, they understand right away..." (Community Health Worker U, 46 years old, July 22, 2025).

"P8: "Directly, because older adults understand better when it is done face-to-face rather than being told to read it by themselves. When it is done face-to-face, it is clearer. If older adults do not understand, they can ask right away..." (Grandma T, 68 years old, December 16, 2025).

P3: "It is easier just to explain it directly. If I am told to read, it looks blurry, and I cannot make it out. It just gives me a headache. It is better to have it explained directly so I can understand..." (Grandma L, 65 years old, December 16, 2025).

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"P4: *"When the midwife explains something directly, if there is something I do not understand, I ask right away. 'What do you mean by that?', and then the midwife explains it again..."*) (Grandma T, 60 years old, December 16, 2025).

This dialogic interaction makes the information-sharing process not just one-way but also participatory, thereby optimising older adults' understanding of health-related material.

Educational methods

The educational materials used to convey health information in rural areas are generally still limited. Education is often delivered through verbal explanations, without supporting materials such as leaflets, posters, guidebooks, or videos. The material is conveyed face-to-face between midwives and the community, enabling direct communication. Limited resources and community habits influence this situation, as people are more accustomed to receiving information through verbal explanations.

"P11: *"When providing education, we usually do not use any educational media, no books, no videos. It has been explained directly..."*) (Grandma P, 65 years old, December 16, 2025).

"P2: *"Nursing students usually use videos or posters. But it is rare, maybe two or three times a year..."*) (Grandma T, 75 years old, December 16, 2025).

The educational methods used are simple, involving direct explanations without supporting media such as books or videos. Information is conveyed verbally through face-to-face communication, so the material is delivered directly between the educator and the recipient.

Theme 4: The Role of Village Midwives, Community Health Workers, and Families

The Role of Village Midwives

Village midwives conduct routine health screenings at Integrated Community Health Post sessions, including blood pressure checks, uric acid tests, blood sugar tests, and cholesterol tests.

"P1: *"I think there are tests like uric acid, blood sugar, or cholesterol, the midwife does them herself. So we just weigh people, take blood pressure, and jot things down..."*) (Community Health Worker P, 53 years old, December 16, 2025).

"P11: *"In the Integrated Community Health Post sessions, it is usually the midwife who provides direct health education. Usually, if someone's blood pressure is high, the midwife gives them medicine and explains the dosage. After that, the midwife also advises them to cut back on salt and fried foods..."*) (Grandma P, 65 years old, December 16, 2025).

"P3: *"When I am sick, I sometimes go to the midwife for a check-up and to ask for medicine..."*) (Grandma L, 65 years old, December 16, 2025).

In addition to performing the examinations, midwives also explain the results and provide follow-up recommendations for older women. During these sessions, midwives provide direct health education on dietary habits and medication adherence. The role of midwives demonstrates their involvement in the promotive and preventive aspects of community health services. Beyond Integrated Community Health Post activities, village midwives also serve as the primary point of contact for older women experiencing health issues. Older women typically visit to have their health checked, seek consultation, and receive treatment for their symptoms

The Role of Senior Citizen Volunteers

Health cadres play a vital role in implementing Integrated Community Health Post activities in the village. They are responsible for preparing everything needed before the activity begins, including setting up the venue, preparing examination equipment, and ensuring all administrative paperwork is in order. During the activity, the cadres assist with weighing Respondents, measuring blood pressure, recording examination results, managing the queue, and guiding older women through the designated service flow. The involvement of these cadres supports the smooth flow of the service process, enabling activities to proceed in an orderly and organized manner.

"P3: *"The cadres just measure blood pressure, take attendance, weigh people, and compile reports as we did earlier at the Integrated Community Health Post..."*) (Community Health Worker D, 42 years old, July 22, 2025).

"P1: *"The Community Health Worker announce when there is going to be a Integrated Community Health Post session, and sometimes Community Health Worker will remind older adults to go. If*

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someone does not want to attend, the community health worker usually gently encourages older adults to do so. The check-up is free, and you will find out if you are sick or not. If you are sick, you can get medicine...) (Grandma S, 65 years old, December 15).

When conveying information, community health workers often use simple, easy-to-understand language, which helps older women better grasp the message. Their close ties with the community make them trusted figures who play a vital role in supporting promotive and preventive efforts at the village level.

The Role of the Family

Families play a crucial role in decision-making about pursuing healthcare services, particularly for older women. Encouragement, advice, and care from family members often serve as the primary factors motivating older women to seek medical attention when experiencing health complaints. The decision to visit a healthcare facility is not made entirely independently but through consideration and discussion with family members.

"P4: 'When I am sick, my family usually tells me to get checked; sometimes, when I do not want to, they force me to go...'" (Grandma T, 60 years old, July 22, 2025).

"P13: 'You know, when I go for a check-up, my children or grandchildren often take me. They take me and help with registration because I am old and can not register on my own. I do not really understand the process...'" (Grandma B, 70 years old, December 16, 2025).

The presence of family members provides older women with a sense of security and comfort, while also facilitating access to healthcare services. Thus, family involvement influences the utilization of healthcare services and the continuity of care received by older women.

DISCUSSION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (Schramme, 2023). Holistic health care is comprehensive, thorough patient care that considers a person's physical, emotional, social, economic, and spiritual needs, their response to illness, and the impact of illness on their ability to meet self-care needs (Abd-Elrazek, 2025). Community

health workers and older women are aware of hypertension and its causes. However, this knowledge remains limited to physical factors such as a high-salt diet or lack of activity (Mega, 2024). The term holistic care is unfamiliar because, in rural areas, the understanding of health generally focuses on physical complaints that are visible and directly felt. Limited access to holistic health services and the influence of local culture have led to the view that illness is only a visible physical problem (Younas, Inayat, & Masih, 2023). In addition, the term 'holistic care' is unfamiliar to cadres and older women in rural areas, making it difficult to understand. However, holistic care can be used to manage hypertension (Yusuf, Nurjannah, & Pangastuti, 2024). Providing holistic care has been proven to be an effective way to prevent disease and death, as well as to improve the quality of health care for the elderly (Ambushe, Awoke, Demissie, & Tekalign, 2023). Holistic care can be used as an approach in hypertension management because its benefits are not only focused on treating physical symptoms, but also pay attention to the psychological, social, and spiritual aspects of patients so that it can improve quality of life and help control blood pressure more comprehensively (Soesanto, Nurachmah, Yona, Gayatri, & Aryani, 2025). Limited health information and a lack of comprehensive education mean that this concept is not yet widely known, so hypertension management has not been implemented comprehensively.

In line with the limited understanding of holistic care approaches, rural communities still tend to apply hypertension management that focuses on long-established experience and knowledge, one of which is using traditional medicine. This practice involves consuming avocado leaf decoction, soursop leaf decoction, ginger tea, and utilizing natural ingredients such as cucumber and celery, which are believed to help lower blood pressure. However, the use of herbal decoctions can interact with medical drugs or cause side effects, especially in older adults who have other diseases (Walter, Berger, Langeegger, Strobl, Kutschar, Pitzer, & Nestler, 2025). Therefore, older women need to be educated that traditional medicine should be used as a complement, not a substitute for medical drugs, and that they need to pay attention to the correct dosage and method of preparation (Ananchaisarp, Rungruang, Theerakulpisut,

Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

DOI: <https://doi.org/10.33024/minh.v9i2.2860>

Kamsakul, Nilbupha, Chansawangphop, & Prasertsri, 2021). Education aims to prevent the risk of serious side effects, dangerous drug interactions, and ensure the effectiveness of therapy for degenerative diseases in older adults (Awaluddin, Basir, Sadsyam, & Awaluddin, 2025). In addition to utilizing traditional herbs or methods, the community also continues to use formal health services such as community health centers (Primary Health Care Center) to obtain medical examinations and treatment. As a routine monitoring effort, hypertension management is also carried out through Integrated Community Health Post activities so that blood pressure can be checked regularly every month. Older adults need to have their health checked once a month so that their health condition can be monitored regularly, blood pressure remains controlled, and the risk of complications can be prevented early on (Camafort, Kasiakogias, Agabiti-Rosei, Masi, Iliakis, Benetos, & Tsioufis, 2025).). Strengthening education through simple media is important to support hypertension management in rural areas so that traditional medicine and formal services can be used safely and complement each other.

Health education in rural areas is necessary to ensure that traditional medicine and formal health services are used appropriately and safely, in line with the needs of older adults (Nurviana, Leandra, & Nuraeni, 2025). Health education is usually delivered by nursing students from universities who provide health services in villages, or by local village midwives, with the support of health cadres, so that it can be easily conveyed to older adults. The methods used are simple: direct explanations without supporting media such as books or videos. Direct explanations are more effective when accompanied by educational media, as they can enhance understanding and memory among older adults compared to lectures alone (Widhowati, Ningsih, & Indriono, 2022). Face-to-face verbal communication is considered clearer and more interactive, and it allows older adults to ask questions directly. However, there is a risk of forgetting the information because there are no materials for rereading (Setyonugroho, Risdiana, Handayani, Taher, & Khanif, 2023). Therefore, simple educational media such as illustrated leaflets, posters, or pocketbooks tailored to local culture are needed. Culture-based health education can increase the

compliance of patients with uncontrolled hypertension to lifestyle changes that support the care needs of older adults with hypertension (Nurfadhila, Wahab, & Mae, 2024). Therefore, health workers play an important role in providing health education to older adults.

Health workers play a role in ensuring that health information is effectively conveyed to older women through educational media and appropriate delivery methods (Grant, Jones, Candrian, Oman, & Reed, 2025). Village midwives play a role in providing direct counselling on hypertension management, monitoring the health conditions of older women, and providing guidance on the safe use of medicines and traditional treatments. Meanwhile, cadres play an important role in the primary health care system in overcoming barriers to health care access, ensuring continuity of service, and acting as a bridge between health workers and the community (Ratri & Santika 2025). In addition to providing health education, cadres also play a role in motivating, mobilising, and responding to community needs (Alhalawi & Ervita, 2024). Cadres are part of the community, making it easier for them to adapt to the community (Nuraini, Dewi, Lestari, Wardani, Fitriani, & Rachmi, 2021). Although cadres are not professional medical personnel, they can provide basic health education to older adults after undergoing training and remaining under the supervision of health workers (Pradika, Utami, & Trustisari, 2024). Through the collaboration between midwives and cadres, health information can be conveyed regularly, interactively, and in a way that is easier for older adults to understand.

In addition to the roles of midwives and cadres, family involvement is also important in helping older women consistently apply the health information they receive at home, especially in rural areas with limited access to health facilities. Families are the main motivators for older women to get checked and help make decisions about health services (Cranley, Lam, Brennenstuhl, Kabir, Boström, Leung, & Konradsen, 2022). Families are expected to help cadres detect hypertension by teaching healthy lifestyles and medication adherence (Nuraini et al., 2021). In addition, families also accompany older women to health facilities to help them understand the instructions given by health workers and ensure that they follow treatment advice correctly. Family

Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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involvement also has a positive impact on the family's well-being, as it fulfils the family's emotional needs and social responsibilities by supporting older women, while also enabling direct access to health information from health workers or cadres (Correia, Martins, Barroso, Pinho, Longo, & Valentim, 2025). The role of the family is essential in maintaining the health of older adults through the provision of emotional support, facility or instrumental support, information support, and valued support, which can increase older adults' motivation and participation in using health services (Wawomeo, Kurnia, Cahyani, Doondori, & Paschalia, 2023).

In addition to the roles of midwives and cadres, the implications for nursing practice emphasize that nurses need to play an active role as educators, introducing comprehensive health concepts that encompass physical, psychological, social, cultural, and spiritual aspects. Nurses need to explain that the causes of hypertension are influenced by a high-salt diet or lack of physical activity, stress, non-compliance with medication, lack of social support, and unstable emotional conditions. In addition, nurses need to emphasize that as people age, physiological functions decline, blood vessel elasticity decreases, and the ability to adapt to stress decreases, thereby increasing the risk of hypertension complications. For this reason, a comprehensive, continuous educational approach involving family and health cadres is important so that older women can manage their health independently, safely, and consistently in the long term.

A limitation of this study is the difficulty in finding Respondents willing to share their in-depth experiences on sensitive topics such as elderly health and hypertension, leading to brief responses. This obstacle was overcome through a direct approach and by building mutual trust, which made Respondents more open. In addition, the data analysis process through thematic coding took a long time because it was done manually. Therefore, future researchers are advised to strengthen their interpersonal approach strategy from the outset and utilize qualitative analysis software to improve the efficiency and consistency of data processing.

CONCLUSION

This qualitative study shows that although cadres and older women in rural areas are physically aware of hypertension, their understanding of holistic care, which encompasses physical, psychological, social, cultural, and spiritual aspects, is still limited due to minimal access to education, traditional medicine culture, and the view that illness is a physical complaint. An optimal approach to hypertension management requires comprehensive education through village midwives, cadres as liaisons between health workers and the community, and family involvement for consistent support, supported by simple culture-based media so that traditional medicine can safely complement formal services. Nurses play an active role as educators in introducing the concept of holistic health to improve compliance, blood pressure control, and the quality of life of older women.

SUGGESTIONS

The implications of compression practices require nurses to play an active role as educators of holistic health concepts (physical, psychological, social, cultural, spiritual) to explain the risk factors for hypertension and decreased physiological function in older women, through comprehensive education for families and cadres to support long-term self-management. The limitations of the study include the recruitment of sensitive Respondents, which is difficult to achieve through interpersonal relationships, and the lengthy manual thematic analysis. Therefore, an initial approach is needed to build mutual trust. In addition, the use of qualitative data analysis software is recommended to improve efficiency in data processing and analysis.

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Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

DOI: <https://doi.org/10.33024/minh.v9i2.2860>

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Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Kristen Satya Wacana
Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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Rosiana Eva Rayanti*, Aura Syafaroh, Ayu Afriani Panyuwa

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Corresponding author: *E-mail: rosiana.evarayanti@uksw.edu

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